

<b>Milwaukee County</b> <b>Department of Health &amp; Human Services</b> <b>Contract Administration</b>	Date Issued:  September , 2015	Reviewed: By: <b>Contract Administration</b>	Section:  <b>CONTRACT ADMINISTRATION</b>	Policy No:  800-004	Pages:  <b>1 of 4</b>
<input checked="" type="checkbox"/> Delinquency & Court Services <input checked="" type="checkbox"/> Disabilities Services Division <input checked="" type="checkbox"/> Housing Division <input checked="" type="checkbox"/> Management Services Division	Effective Date:  <b>September 2015</b>	Subject:  <b>STAFF ROSTER and ADD-DELETE PROCEDURE – monitored by Contract Service Coordinator</b>  Applies to Purchase of Service contracts, Professional Service & Price (non-professional) agreements only– whose service providers provide direct service to clients. Caregiver Background Checks must be performed on agency service providers prior to the provision of Covered Services or having any other contact with Service Recipients			

## I. REQUIREMENT

It is required that all entities currently under contract or recommended for contract with the Department of Health and Human Services (DHHS) submit a **final Staff Roster** reflecting all **proposed Direct and Indirect Service Providers**, (collectively referred to as DSP) to work in each program.

IMPORTANT (following submission of final Staff Roster ), agency MUST obtain approval for all NEW DSP's that have not been previously approved by Contract Service Coordinator (CSC) – by completing the **Direct Service Provider &/or Indirect Staff Add-Delete procedure below** (see Section II. A. and B.)

**New or Replacement DSP's** <sup>1</sup> agency is required to obtain a **prior approval** for all Direct Service Providers and Indirect Staff.

**DSP's terminated** <sup>2</sup> agency is required to notify DHHS of any DSP **terminated** from agency within two (2) business days.

Caregiver Background Checks (CBC's) must be completed at least every 4 years after initial CBC (or at any time within that period agency has reason to believe new checks should be obtained) and submitted to DHHS, Contract Administration (see Section II. A.).

## II. ADD/APPROVAL PROCESS PROCEDURE (each time your agency is requesting approval for a New Potential Hire)

**A. 3-part Caregiver Background Check\*** (and out-of-state CBC or FBI finger-print check, if applicable) must be completed on each New Potential Hire

✓ Review 1<sup>st</sup> part (Background Information Disclosure) – *If applicant resided outside of Wisconsin in the last 3 years* (Section B, question 4.) – agency is required to obtain an **out-of-state CBC** from state applicant lived, OR obtain a **FBI finger-print check**

*A Background Check (all 3 parts) of a potential new staff must be sent to the respective DHHS CSC with the Add Request Form before that individual will be approved to provide services or have contact with clients.*

<sup>1</sup> Related to New DSP, "written notification of approval of new or replacement DSPs and Indirect Staff shall be made per Purchaser Policies and Procedures prior to the provision of Covered Services or having any other contact with Service Recipients" (refer contract)

<sup>2</sup> Related to DSP Termination, "If DSP or Indirect Staff is terminated from Provider for any reason connected to Covered Services, Purchaser must be notified in writing within 2 business days (refer contract)

**B. Complete UPDATED “Direct Service Provider &/or Indirect Staff Add-Delete Form” (Form) – electronically**

- ✓ Enter information related to the New Hire in all yellow highlighted areas on the Form (one row on Form per New Hire)
- ✓ A separate Form must be completed for each program that the New Potential Hire is proposed to work

**Submit A. and B. (as described above) in following format**

- ✓ **DIRECT SERVICE PROVIDER and/or INDIRECT STAFF ADD-DELETE FORM must be electronically submitted as an excel spreadsheet** to your Contract Service Coordinator (to following email: [dhhsca@milwaukeecountywi.gov](mailto:dhhsca@milwaukeecountywi.gov) (see subject line instructions below)

**Subject Line of Email:** enter “Name of Agency-Division-Program - Add-Delete Form”

{example: Youth Care, Inc.-DCSD-Mentoring – Add-Delete Form}

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[Agency Name] [Division] [Program]

**File Name** of Add-Delete Form: enter “4 digit Year–Agency Name–Division–Program-Add-Delete Form”

{example: 2015–Youth Care, Inc.-DCSD/Mentoring–Add-Delete Form (enter **hyphens** between each item, and no spaces)}

↓                      ↓                      ↓                      ↓  
[Year] [Agency Name] [Division] [Program]

- ✓ **CAREGIVER BACKGROUND CHECK (CBC)**

**Please provide each CBC in the following ORDER:**

- 1st - Background Information Disclosure Form (BID)
- 2<sup>nd</sup> - Department of Justice (DOJ) Report
- 3<sup>rd</sup> - Department of Health Service (DHS) Letter
- 4<sup>th</sup> - FBI finger print check or Out-of-State CBC, if applicable

CBC may be submitted by email, fax, or U.S. Mail (see next section below for instructions)

If DSP works in multiple programs, send only one (1) set of CBCs (please identify all programs on Add-Delete Form- in identified column)

**CBC Email Instructions – SEE ORDER OF CBC documents as listed above**

Feel free to submit both Add-Delete Form and CBC in same email OR if you are submitting CBC as a separate email use above subject line format.

- CBC must be sent as a **pdf and password protected/encrypted** (send password for opening document in a separate email)
- Attach each CBC separately **naming the file** as follows:

**“DSP last name–DSP first initial–last 4 of SS #–date of CBC (mmddyy)”**

{example: Jones–C–6871–061415 (enter **hyphens** between each item and no spaces)}

↓                      ↓                      ↓                      ↓  
[DSP] [DSP] [last] [date of DOJ]  
last name] first initial] 4 of SS #]

**CBC Fax Instructions** (one CBC per fax only) - **SEE ORDER OF CBC documents as listed above**

- Use fax cover sheet per Add-Delete Form (cover sheet is included on separate tab)

**FAX COVER SHEET must include:**

**DSP last name – DSP first initial – last 4 of SS # – date of CBC (mmddyy)”**

- **Fax to Contract Administration**

414-289-8574

**CBC U.S. Mail Instructions - SEE ORDER OF CBC documents as listed above**

(include completed Fax Cover Sheet per instructions above as the 1<sup>st</sup> sheet of each set of CBC's being submitted)

**Mail or Deliver to:** Contract Administration

1220 West Vliet Street, Suite 304

Milwaukee, WI 53205

✓ **INDEPENDENT SERVICE PROVIDER**

If applicable, please submit (email or fax) the Independent Contractor Agreement with the CBC

**C. FINAL APPROVAL**

*Upon receipt of Direct Service Provider &/or Indirect Staff Add-Delete Form, your respective CSC will review all information provided including the complete CBC, and will provide agency with a written approval, denial or request for any corrections or additional information.*

Agency must receive **written notification of approval** of new or replacement DSPs and Indirect Staff **prior to the provision of Covered Services** or having any contact with Service Recipients.

If agency does not receive a written response from CSC within five (5) business days, please feel free to resend a reminder notice to CSC with the respective Add-Delete Form (in same email format as described above).

**III. DELETE PROCESS PROCEDURE (each time an existing DSP is terminated from agency)**

**Complete** “Direct Service Provider &/or Indirect Staff **Add-Delete Form**” (Form) – electronically

- ✓ Enter DSP name, check box for “DSP Removed,” and enter Removal Date on the Form (one row on Form per DSP termination)
- ✓ A separate Form must be completed for each program that the DSP worked with including termination detail indicated above

#### IV. DEFINITIONS

Please refer to the various definitions of Direct Service Provider, Independent Service Provider and Indirect Staff as provided in Attachment C of your POS contract and reproduced below for your reference:

- A. **“Direct Service Provider”** – Provider employee, volunteer, paid or unpaid intern, or Independent Service Provider, who provides direct care and/or Covered Services to a Participant/Service Recipient on behalf of a Provider, for which the Provider receives compensation from the Purchaser under this Agreement.
- B. **“Independent Service Provider”** – is an individual independent contractor with a contractual relationship with provider, who is not an employee of the provider.
- C. **“Indirect Staff”** - is an employee or individual independent contractor who is not a Direct Service provider, but is associated with Covered Services as a supervisor, billing staff, case records and/or quality assurance worker, and/or is someone who has access to clients, clients' property, and/or client information of Service Recipients. Agency owner, President, CEO, Executive Director, and/or Senior Staff are considered Indirect Staff if reporting to work at a site where Covered Services are provided.

#### V. SANCTIONS

Please be advised of following fiscal sanctions related to failure to comply with DHHS Add-Delete Procedure.

- **Failure to inform DHHS of New Hire or submit Add-Delete Staff Form**

*Provider agrees to provide a response to requests from Purchaser or submit required data and/or information and/or required notification(s) per Agreement to Purchaser or the Purchaser's authorized agents, or in the form or format, by the timeline specified by the Purchaser or its agents. **If the Provider fails to submit required response, data and/or information to the Purchaser or the Purchaser's authorized agents, or fails to submit such data or information in the required form or format, by the deadline specified by the Purchaser or its authorized agents, the Purchaser may immediately impose liquidated damages in the amount of \$75 per day for each day beyond the deadline that the Provider fails to submit the response or data or fails to submit the response/data in the required form or format, such liquidated damages to be deducted from the Provider's payments, unless a prior extension (before deadline) has been approved by Purchaser or Purchaser's agents (per contract).***

- **Failure to complete 3-part Caregiver Background Check prior to direct care provider starting service.**

*Milwaukee County will not compensate Contractor for service(s) provided by a direct care provider/caregiver prior to having obtained a state-wide criminal background check for said provider OR for services provided by a provider with a barred conviction.*

#### REMINDERS:

- ✓ **Use “Direct Service Provider &/or Indirect Staff Add-Delete Form” every time agency has a new hire or DSP that is terminated (this is the tool agency uses to notify DHHS of program staff changes)**
- ✓ **Never allow a DSP to start providing service until agency receives written approval from division Contract Service Coordinator**
- ✓ **When emailing 3 - Part CBC's carefully name file, encrypt, and send as a pdf - in required order according to format above**
- ✓ **When emailing Add-Delete Forms and/or CBC's carefully follow subject line format as described above**

**IMPORTANT:**

**These instructions and requirements are applicable ONLY to DHHS programs under Purchase of Service Contracts or Professional Service Agreements & Price (non-professional) agreements – providing direct service to clients. EXCLUDING Behavioral Health Division (BHD). For BHD Providers: *Please continue to follow current add-delete and CBC process.***

Agencies having Fee-For-Service agreements should keep on following policies and procedures for submitting provider add/delete forms and other provider information as required by the respective DHHS networks.